

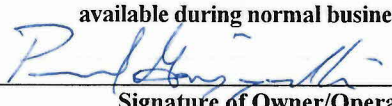
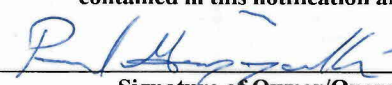
# U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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Operator Project #	Postmark	Date Received	Notification #																												
<b>I. Type of Notification</b> (check one): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled																															
<b>II. Facility Description</b> Building Name: <u>Time Warner Cable Cell Site</u> Address: <u>3321 Madison Hill Road</u> City: <u>Wellsville</u> State: <u>NY</u> Zip Code: <u>14895</u> County: <u>Allegany</u> Site Location : _____ Building Size (square feet): <u>470</u> # of Floors: <u>1</u> Age in Years: <u>50</u> Present Use: <u>Storage</u> Prior Use: <u>Storage and Cable Station</u>																															
<b>III. Type of Operation</b> (check one): <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training																															
<b>IV. Is Asbestos Present?</b> (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																															
<b>V. Facility Information</b> <b>Owner Name:</b> <u>Time Warner Cable</u> Address: <u>13820 Sunrise Valley Drive</u> City: <u>Herndon</u> State: <u>VA</u> Zip Code: <u>14895</u> Contact: <u>Carlo Madonia (CVM Electric)</u> Telephone: <u>(716) 824-2200</u> Fax: _____ <b>Removal Contractor Name:</b> <u>Stohl Remediation Services, Inc</u> Address: <u>4169 Allendale Pkwy</u> City: <u>Blasdell</u> State: <u>NY</u> Zip Code: <u>14219</u> Contact: <u>Paul Gizzarelli</u> Telephone: <u>(716) 312-0070</u> Fax: <u>(716) 312-8092</u> <b>Other Operator (demolition/general):</b> _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (____) _____ Fax: _____																															
<b>VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:</b> <u>Bulk sampling and PLM/TEM Analysis</u>																															
<b>VII. Approximate Amount of Asbestos Materials:</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">RACM to be Removed</th> <th colspan="2">Non-friable Asbestos Material to be Removed</th> <th colspan="2">Non-friable Asbestos Material NOT to be Removed</th> </tr> <tr> <th>Category I</th> <th>Category II</th> <th>Category I</th> <th>Category II</th> </tr> </thead> <tbody> <tr> <td>Pipes (linear feet)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Surface Area (square feet)</td> <td style="text-align: center;">470</td> <td style="text-align: center;">470</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Facility Components (cubic feet)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed		Category I	Category II	Category I	Category II	Pipes (linear feet)						Surface Area (square feet)	470	470				Facility Components (cubic feet)					
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<b>VIII. Scheduled Dates Demolition or Renovation:</b> Start: _____ Complete: _____																															
<b>IX. Dates for Asbestos Removal (MM/DD/YY)</b> Start: <u>05/02/16</u> Complete: <u>06/24/16</u> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td>Days of the Week:</td> <td>Monday</td> <td>Tuesday</td> <td>Wednesday</td> <td>Thursday</td> <td>Friday</td> <td>Saturday</td> <td>Sunday</td> </tr> <tr> <td>Hours of Operation:</td> <td>0700-1500</td> <td>0700-1500</td> <td>0700-1500</td> <td>0700-1500</td> <td>0700-1500</td> <td></td> <td></td> </tr> </table>				Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Hours of Operation:	0700-1500	0700-1500	0700-1500	0700-1500	0700-1500														
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<b>X.</b>	<b>Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:</b> Removal of asbestos drywall/joint compound, roofing, and debris		
<b>XI.</b>	<b>Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:</b> Decontamination Facility, Negative Pressure Containment, HEPA Filtered Negative Air Machines, HEPA Vacuums, Amended Water, Manual Methods		
<b>XII.</b>	<b>Waste Transporter #1</b> Name: <u>Casella Waste</u> Address: <u>225 Homer Street</u> City: <u>Olean</u> State: <u>NY</u> Zip Code: <u>14760</u> Contact: <u>Carrie Carpenter</u> Telephone: <u>(800) 292-0297</u> <b>Waste Transporter #2</b> Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (    ) _____		
<b>XIII.</b>	<b>Waste Disposal</b> Name: <u>Chautauqua County Landfill</u> Address: <u>3889 Towerville Road</u> City: <u>Jamestown</u> State: <u>NY</u> Zip Code: <u>14701</u> Contact: <u>Tracy Pierce</u> Telephone: <u>(716) 985-4785</u>		
<b>XIV.</b>	<b>Emergency Demolition</b> (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____		
<b>XV.</b>	<b>Emergency Renovation</b> (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.		
<b>XVI.</b>	<b>Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.</b> Vacate Area, follow work practices in Section XI		
<b>XVII.</b>	<b>I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.</b> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">                           _____                          Signature of Owner/Operator                     </div> <div style="text-align: center;"> <u>04/15/16</u>                          Date                     </div> <div style="text-align: center;"> <u>Paul Gizzarelli - General Manager</u>                          Type or Print Name and Title                     </div> </div>		
<b>XVIII.</b>	<b>I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.</b> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">                           _____                          Signature of Owner/Operator                     </div> <div style="text-align: center;"> <u>04/15/16</u>                          Date                     </div> <div style="text-align: center;"> <u>Paul Gizzarelli - General Manager</u>                          Type or Print Name and Title                     </div> </div>		

APR 20 2016  
 ACB *gillan*